

# Montana Medicaid – Fee Schedule

## Non-Emergency Specialized Transportation

### July 1, 2013

#### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>	<b>Notes</b>
A0100		NONEMERGENCY TRANSPORT PER MILE	7/1/2013	FEE SCHED	\$1.06	Y	>16 Miles
A0130		NONEMERGENCY TRANSPORT BASE	7/1/2013	FEE SCHED	\$12.61	Y	< 16 Miles